

COMMUNITY DEVELOPMENT & ENTERPRISE ZONE STATE TAX CREDIT VOUCHER

INTRODUCING: (Please print)

Applicant Name (Last, First) Must be Wisconsin Resident	Applicant Social Security Number	Birth date	Number in Family
Applicant Street Address	City	State	Zip Code

The provision of your social security number (SSN) is mandatory under WI Act 31 as amended. Your SSN will be used for target employee verification. If you do not provide your SSN, a state tax credit voucher cannot be issued.

APPLICANT DECLARATION: I certify that the information I have given is true and correct to the best of my knowledge. I agree that the agency may verify any information I have supplied. I understand that the information will be used solely to qualify my employer for the Wisconsin Jobs Credit.

Applicant Signature	Date Signed	Counter Signature (Parent or Guardian if under 18)	Date Signed
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TO THE EMPLOYER: The applicant named is eligible for certification under the Wisconsin Development Zone Job Credit Program as authorized under Act 328, as amended.

To receive your Jobs Credit Certification for the applicant named above:

1. Complete the "Employer Declaration" and "Send Certification To" sections below. **Written signature is required.**
2. This voucher should be returned or postmarked after the employment **START DATE**.
3. **The WI Development Zone Jobs Credit Certification** will be mailed to the employer or the representative's address that the employer/representative lists in the (SEND CERTIFICATION TO) address area below.

EMPLOYER DECLARATION: I declare that the applicant was working or will begin work as indicated below:

Business Name	Employment Start Date	Job Title of Employee	Starting Wage Per Hour \$
Federal Employer Identification Number (9 digits) -	Dev. Zone (city, county, enterprise, reservation or multi county name)		

SEND CERTIFICATION TO: (Please Print EMPLOYER MAILING ADDRESS Clearly)

Attn:	Signature and Title	
	Date Signed	Telephone (with Area Code)

OFFICE USE ONLY

Targeted Group for Certification: (Check all that apply)

- | | |
|---|--|
| A-1 <input type="checkbox"/> Disadvantaged Youth 18-22 | I-8 <input type="checkbox"/> Welfare to Work (W2) Recipient |
| B-2 <input type="checkbox"/> Disadvantaged Veteran | J-0 <input type="checkbox"/> Disadvantaged Summer Youth (ages 16-17) |
| C-3 <input type="checkbox"/> Disadvantaged Ex-Felon | K <input type="checkbox"/> Dislocated Worker |
| D-4 <input type="checkbox"/> Vocational Rehabilitation Referral | O <input type="checkbox"/> Federal Enterprise Community resident |
| F -6 <input type="checkbox"/> SSI Recipient | P <input type="checkbox"/> Food Stamp Recipient |
| G-7 <input type="checkbox"/> General Assistance Recipient | |

Source(s) for Information Verification

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Local Education Agency Records | <input type="checkbox"/> Driver's License | <input type="checkbox"/> State/Federal Parole Officer | <input type="checkbox"/> Discharge Identification |
| <input type="checkbox"/> Vocational Rehabilitation Agency | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Local Welfare Dept. | <input type="checkbox"/> Unemployment Insurance |
| <input type="checkbox"/> Welfare Identification | <input type="checkbox"/> Job Center Office | <input type="checkbox"/> Other (specify): | |

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Not Eligible Reason: | <input type="checkbox"/> Lack of Documentation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Rejected | | |

Voucher Approval Date MO DA YR	State Official's Signature	Print Name and Telephone No.
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**INSTRUCTIONS FOR
STATE TAX CREDIT CLAIMS BY MAIL
for
WISCONSIN COMMUNITY DEVELOPMENT & ENTERPRISE ZONES**

TAX CREDIT VOUCHERS AND ACCOMPANYING DOCUMENTATION MUST BE POSTMARKED AFTER THE EMPLOYEE'S JOB START DATE.

All documents may be returned to the Madison Tax Credit Office address listed below, or any local Job Service or Job Center office.

ATTACH TO EACH WORKER'S VOUCHER:

- **Documentation:** There must be a reasonable audit trail of the worker's eligibility for a tax credit, showing he/she is a member of one of the target groups. In most cases, a completed Wisconsin Development Zone Jobs Tax Credit Screening Questionnaire will include all necessary documentation. However, the employer may have to ask the job applicant for assistance in gathering additional documentation. Any document or affidavit statement is subject to random audit.
- **Affidavits:** Signed family income affidavit forms may be used to screen likely target group applicants (any form is acceptable, including the state form DWS-5500). It may also be used to determine family income for groups that require an "Economically Disadvantaged" determination. Affidavits alone, are not sufficient documentation of criteria other than low income.

PROCESS:

1. Determine if applicants are among eligible target groups. Equal opportunity rules permit questionnaires to be used to screen eligibility for programs such as tax credits. Affirmative consideration for employment is provided by employers, to members of eligible groups of applicants.
2. For the applicants who do belong to a target group:
 - **Give affirmative consideration for hiring (there is no requirement to hire).**
 - **Upon offering a job (the offer being accepted) obtain substantiating documentation,**
 - **When submitting material, please check to make sure that all necessary information and documentation have been included.**
3. Do not submit materials if the applicant has not checked a "Yes" box on the Screening Questionnaire
4. Complete and mail this form with documentation to any Job Service/Job Center or to:

**Department of Workforce Development,
Attn: State Tax Credit Office
P.O. Box 7972
Madison, WI 53707-7972**

For assistance, **call your Job Center** or the Madison Tax Credit Office: (608) 266-0959.

5. **Fee:** A \$50 processing fee is assessed for each certification. The state legislature enacted the user fee for state administrative costs.